


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90228 006 ***138.75

DOCUMENT # L01000018097 1. Entity Name BANDIT RACING, LLC					
Principal Place of Business 6471 THIRD STREET KEY WEST, FL 33040			Mailing Address 6471 THIRD STREET KEY WEST, FL 33040		
2. Principal Place of Business - No P.O. Box # 122 Commercial Pl.		3. Mailing Address 5635 Macdonald Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sebring FL		City & State Key West FL		4. FEI Number 65-1155082	
Zip 33876		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33040		Country USA		03282008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BRASWELL, EDGAR G III 6471 THIRD STREET KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 5635 Macdonald Ave City Key West FL Zip Code 33040		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Edgar G. Braswell III DATE 3-28-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRASWELL, EDGAR G 6471 THIRD STREET KEY WEST, FL 33040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5635 Macdonald Ave Key West FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				3-28-08 305 296 0305 <small>Date Daytime Phone #</small>	